

The Commonwealth of Massachusetts  
Division of Registration  
C/O Professional Credential Services  
150 Fourth Ave North Suite 700  
Nashville, TN 37219  
[www.mass.gov/reg](http://www.mass.gov/reg)  
617-727-3072

## **REGISTERED SANITARIAN CERTIFICATION**

### **INSTRUCTIONS**

If you wish to be considered for registration, please complete the enclosed application.

- All Application Forms must be mailed to Professional Credential Services (PCS) 150 Fourth Ave, North Suite 700, Nashville, TN 37219
- Your application will be reviewed by the full Board and you will be notified if you have fulfilled the qualifications to take the written examination.
- If you are approved for examination, you will be mailed a Scheduling Form from PCS.
- If you are approved for reciprocity, you will be mailed a letter with further instructions.
- All incomplete applications will be returned to the applicant.
- As a general policy, examinations for registration are conducted three times a year (April, July, and November). Therefore, the Board recommends you submit your application in a timely manner.
- If the applicant fails to appear for his/her scheduled examination he/she shall forfeit the examination application fee.
- If the application for examination or reciprocity is denied by the board you shall forfeit the required fee.
- It is the responsibility of the applicant to indicate and identify to the Board which courses he/she request to be credited toward the total 30 credits in basic sciences, including a brief description of each course.

### **REQUIRED INFORMATION:**

1. Photograph
2. Official Transcripts from a college or university (Attn: Sanitarian Coordinator)
3. Experience Record
4. Summary of Experience Record
5. References
6. Application fee

**Study Guide Information:**

National Environmental Health Association, 720 S. Colorado Blvd., Suite 970, South Tower, Denver, CO 80222, (303) 756-9090.

Basic requirements for consideration by the Board of Registration of Sanitarians:  
Excerpts from the Rules & Regulations.

**SECTION 1. DEFINITIONS**

YEAR OF COLLEGE: A year of college shall mean thirty (30) semester hours of credit with passing grades in course work in an institution on the list of accredited colleges of the United States Office of Education, or any like institution approved by the Board.

BASIC SCIENCES: Thirty (30) semester hours of credit of basic sciences must be included in the total presented for the four years of college and should consist of sciences basic to sanitation, namely, biological and physical sciences. (Bacteriology, botany, zoology are examples of biological sciences; physics, chemistry, geology, mathematics are examples of physical sciences.)

DOCUMENTARY EVIDENCE: Documentary evidence shall mean official documents to substantiate experience, transcript of college record, or graduation or college attendance verified officially by the designated institution.

APPROVED SCHOOL OF PUBLIC HEALTH: An approved school of public health shall mean any school which grants a bachelor's degree in sanitary science or technology or master's degree in sanitation or public health, and which is on the list of accredited colleges of the United States Office of Education, or any like institution approved by the Board.

YEAR OF EXPERIENCE: One year of experience means actual performance of work in environmental health on a full-time basis for one year. Part-time work must be shown in terms of proportion of full-time work and of the duration of the part-time work so that accurate equivalents can be credited.

**SECTION 2. MINIMUM STANDARDS**

The minimum standards and qualification for admission to examination of registration as a sanitarian under provisions of Chapter 673 of the Acts of 1957 shall be as follows.

(a) Bachelor's degree in sanitary science from an institution on the list of accredited colleges of the United States Office of Education, or any like institution approved by the Board: or.

(b) Bachelor's degree in sanitary engineering from an institution on the list of accredited colleges of the United States Office of Education, or any like institution approved by the Board: or.

(c) Bachelor's degree with a minimum of 30 semester hours credit of basic sciences from an institution on the list of accredited colleges of the United States Office of Education, or any like institution approved by the Board, plus one year full time experience in environmental health.

### **SECTION 3. APPLICANTS FOR REGISTRATION**

An applicant for registration as a sanitarian shall submit to the Board written evidence, verified by oath, that the applicant:

- (a) Is twenty-one (21) years of age or more;
- (b) Is a citizen of the United States or has legally declared intention of becoming a citizen;
- (c) Is of good moral character;
- (d) Is in good physical and mental health;
- (e) Meets education and experience qualifications substantiated by documentary evidence.

### **SECTION 4. EXAMINATION**

The applicant shall be required to pass a written and or oral examination as determined by the board.

- (a) The passing score for the examination shall be determined by the Board on the basis of a percentage of correct responses. The passing grade on the examination shall be 70.

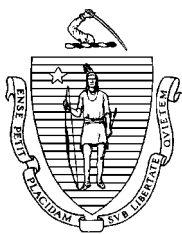
### **SECTION 5. CERTIFICATE OF REGISTERED SANITARIAN**

Upon satisfactory completion of all requirements, the Board shall issue a Certificate of Registered Sanitarian to the applicant. Said Certificate shall be in force for the calendar year, from January 1st. to December 31st.

### **SECTION 6. MISCONDUCT OR MALPRACTICE**

Any registered sanitarian who shows evidence of misconduct, malpractice or dishonesty shall have a fair hearing and be adjudged. If found guilty, the board shall revoke his or her registration certificate.

Effective date of these amended regulations is July 1, 1970.



The Commonwealth of Massachusetts  
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150 Fourth Ave North Suite 700  
Nashville, TN 37219

**Sanitarian Board**

*Please check one of the following:*

- ☐ **Initial Certification Applicants--Fee \$331.00**  
☐ **Certification by Reciprocity Applicants--Fee \$288.00**

Please attach recent

2" X 2"

passport photograph here

1. Applicant Name: \_\_\_\_\_  
Last First Middle
2. Maiden Name: \_\_\_\_\_
3. Current License#: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_
5. Permanent Address: \_\_\_\_\_  
No. Street Apt. #  
\_\_\_\_\_  
City/Town State Zip Code
6. Business Address (If Applicable): \_\_\_\_\_  
No. Street Apt. #  
\_\_\_\_\_  
City/Town State Zip Code
7. Telephone Number-Day: \_\_\_\_\_ Evening: \_\_\_\_\_
8. Social Security Number (Mandatory): \_\_\_\_\_  
Pursuant to G.L. c. 62C, s. 47A, the Division of Registration is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.
9. List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information. \_\_\_\_\_

10. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐  
If yes, please state the details (use a separate sheet if necessary):

11. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐  
If yes, please state the details (use a separate sheet if necessary):

12. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐ If yes, please state the details (use a separate sheet if necessary):

13. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐  
If yes, please state the details (use a separate sheet if necessary):

14. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? Yes: ☐ No: ☐  
If yes, please state the details (use a separate sheet if necessary):

"The Board is certified by the Criminal History Systems Board [ID# MAREG G] to access data about convictions and pending criminal cases. Those records-and other Federal and professional records-may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity to discuss any issues with the Board."

## 15. Education

1. Circle the highest grade completed.

Grade School:

1      2      3      4      5      6      7      8

High School:

9      10      11      12      Graduated or Equivalency

College or university (# of years completed):

1      2      3      4      5      6      7      8

2. Name & Address (town and state) of College/University attended:

Dates of Attendance (from-to)

Dates of Attendance (from-to)

2. Degree:

BA      BS      MS      PhD      MPH      Other \_\_\_\_\_

3. Field of Concentration \_\_\_\_\_

4. Special courses or training certificates: List (1) name and address of institution, (2) dates attended, (3) length of course, and (4) course title.

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16. **Work Experience:** Please attach additional sheets if necessary. Start with present position and work backwards.

**Work Experience: 1**

Position (☐ check if present position):

Title		Dates (when did this position begin/end?)	
Employer's Name		Address	
City/Town	Zip Code	Supervisor's Name	Title
Supervisor's Phone Number			

Total hours per week: \_\_\_\_\_

Total hours per week times total work time: \_\_\_\_\_

Job Description (attach additional sheets if necessary): \_\_\_\_\_

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**Work Experience: 2**

Position (☐ check if previous position):

Title		Dates (when did this position begin/end?)	
Employer's Name		Address	
City/Town	Zip Code	Supervisor's Name	Title
Supervisor's Phone Number			

Total hours per week: \_\_\_\_\_

Total hours per week times total work time: \_\_\_\_\_

Job Description (attach additional sheets if necessary): \_\_\_\_\_

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**Work Experience: 3**

Position (☐ check if previous position):

_____ Title		_____ Dates (when did this position begin/end?)	
_____ Employer's Name		_____ Address	
_____ City/Town	_____ Zip Code	_____ Supervisor's Name	_____ Title
		_____ Supervisor's Phone Number	

Total hours per week: \_\_\_\_\_

Total hours per week times total work time: \_\_\_\_\_

Job Description (attach additional sheets if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 17. References

Please give the names of three persons whom are familiar with your work that may be contacted by the Board if inquiries are necessary:

- \_\_\_\_\_  

Name	Address	Phone
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- \_\_\_\_\_  

Name	Address	Phone
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- \_\_\_\_\_  

Name	Address	Phone
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18. I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Sanitarians to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

_____ Signature	_____ Date
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## EXAMINATION SCHEDULING INFORMATION SHEET

**Examination Date**  
(check only one)

- ☐ April 1, 2006 (PCS must receive application and fees by February 21, 2006)
- ☐ July 15, 2006 (PCS must receive application and fees by May 30, 2006)
- ☐ November 4, 2006 (PCS must receive application and fees by September 26, 2006)

**Examination Site**  
(check only one)

☐

Boston Area

☐

Springfield Area

**Special Accommodations.**  
In accordance with the Americans with Disabilities Act, special accommodations will be provided at the examination site for applicants who qualify.

Candidates requiring special accommodations in the examination administration due to a disability must check the box below, submit a completed ADA Accommodations Request Form (please contact PCS for a form) and provide the required supporting documentation as stated in the Disability Documentation Guidelines.

☐

Check here only if you are applying for special accommodations

**Fees and Payment:**

**Initial applicants: \$331.00**

**Reciprocity: \$288**

Payment must be either a certified check or money order, (personal checks are not allowed) payable to PCS, or by credit card. If paying by credit card, complete the authorization section to the right of these directions. Fees are non-refundable and non-transferable.

**Credit Card Payment Information:** (if NOT submitting a certified check or money order)

**Type of Credit Card:** \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

**Credit Card Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Expiration Date:** \_\_\_\_/\_\_\_\_

**Cardholder's Name:** \_\_\_\_\_

**Cardholder's Signature:** \_\_\_\_\_

**Candidate Affidavit**

The contents of the examination are copyrighted under the laws of the United States. Copying, reproduction, reconstruction, or any action taken to reveal the contents of examination in whole or part violates the copyright and is, therefore, unlawful. I attest that I understand this statement and that I will not discuss nor divulge any information regarding this examination. I also agree that in the event my examination is lost, or if the examination is not held for any reason, any claim I may have will be limited to the fee paid by me. I also understand that fees are non-refundable and non-transferable.

**Applicant's Signature**

**Date**